

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

T. Fitzgerald
901 E. Main Street
Dothan, AL 36301

COMPLETE THIS SECTION ON DELIVERY

A. Signature x <i>Carla A. Swell</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Carla A. Swell</i>	C. Date of Delivery <i>1-11-08</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
<i>1508CV10</i> <i>C & S</i> <i>2/19</i>		

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7007 1490 0000 0026 5889

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1. Article Addressed to:

Andy R. Hughes
901 E. Main Street
Dothan, AL 36301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carla A. Smith* ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Carla A. Smith C. Date of Delivery *1-11-08*

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No*1:08C010**C & P**2/19*

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 1490 0000 0000 5896

0000

Domestic Return Receipt

102595-02-M-1540